## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

1405-1050

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |   |                                       |              |                                 |                  |        | SMALL ENTITY TYPE  |                        |         | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|---------------------------------------|--------------|---------------------------------|------------------|--------|--------------------|------------------------|---------|----------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 14                                    |              |                                 |                  | Г      | RATE               | FEE                    | )<br>   | RATE                       | FEE                    |
| FOR  |  |   | NUMBER FILED                          |              | NUMB                            | SER EXTRA        | E      | BASIC FEE          | 355.00                 | OR      | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 1                                     |              | · 6                             |                  | ſ      | X\$ 9=             |                        | OR      | X\$18=                     | ***********            |
| INDEPENDENT CLAIMS   |  |   | つ minus 3 =                           |              | * 4                             |                  | Ī      | X40=               |                        | OR      | X80=                       | 320                    |
| MU   | LTIPLE DEPENI                                  | DENT CLAIM P                              | RESENT                                |              |                                 |                  |        | +135=              | ,                      | OR      | +270=                      |                        |
| * If   | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |              |                                 |                  | L      | TOTAL              |                        | OR      | TOTAL                      | 1030                   |
| CLAIMS AS AMENDED - PART II  |  |   |                                       |              |                                 |                  |        | <del>,</del>       |                        |         | OTHER THAN                 |                        |
|  |  | (Column 1)                                |                                       |              | mn 2)                           | (Column 3)       | _      | SMALL E            | ENTITY                 | OR      | SMALL                      | ENTITY                 |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUN<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |        | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus                                 | **           |                                 | =                | L      | X\$ 9≠             |                        | OR      | X\$18=                     |                        |
|  | Independent                                    | *   | Minus                                 | ***          | T CL AIM                        | =                |        | X40=               |                        | OR      | X80=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |                                       |              |                                 |                  |        | +135=              |                        | OR      | +270=                      |                        |
|  |  |   |                                       |              |                                 |                  |        | TOTAL<br>DDIT. FEE |                        | QR      | TOTAL<br>ADDIT. FEE        |                        |
|  |  |   | •                                     |              | /                               |                  |        |                    |                        |         |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |        | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **           |                                 | = ,              |        | X\$ 9=             |                        | OR      | X\$18=                     |                        |
|  | Independent                                    | *   | Minus                                 | ***          |                                 | = '              |        | X40=               | -                      | OR      | X80=                       |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |              |                                 |                  |        |                    |                        | On      | -                          |                        |
|  |  |   |                                       |              |                                 |                  |        | +135=              |                        | OR      | +270=                      |                        |
|  | *  |   |                                       |              |                                 |                  |        | TOTAL<br>DDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                                       |              |                                 |                  |        |                    |                        |         |                            |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |        | RATE               | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                                 | **           |                                 | =                |        | X\$ 9=             |                        | OR      | X\$18=                     |                        |
|  | Independent                                    | *   | Minus                                 | ***          | (T.O) 412                       | =                |        | X40=               |                        | OR      | X80=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |              |                                 |                  |        | +135=              |                        | OR      | +270=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |                                       |              |                                 |                  |        | TOTAL              |                        | .       | TOTAL                      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE |  |   |                                       |              |                                 |                  |        |                    |                        |         |                            |                        |
|  | The "Highest Nun                               | nber Previously Pa                        | aid For" (Total o                     | r Indepen    | dent) is th                     | e highest numbe  | r four | nd in the app      | ropriate box           | k in co | lumn 1.                    |                        |